

## **Testimony related to 988 Implementation**

**Presented to: House Health and Human Services Committee**  
**By: Andrew Brown, Commissioner of Behavioral Health Services**  
**Kansas Department for Aging and Disability Services**

**January 12, 2022**

Chairwoman Landwehr and Members of the Committee,

Thank you for the opportunity to provide information on behalf of the Kansas Department for Aging and Disability Services (KDADS) about 988. At KDADS, Suicide Prevention is an ongoing effort within the BHS commission. Funding for the **National Suicide Prevention Lifeline** (NSPL) in Kansas has been a recommendation of multiple reports to the Kansas Legislature over the last several years and were featured in the Mental Health Task Force reports in 2018 and 2019, as well as the report from the Interim Joint Committee on Mental Health Modernization and Reform. KDADS has been working to develop suicide prevention infrastructure in our state that will support the implementation of 988 in Kansas and help prepare NSPL crisis centers for the transition of the system to the new number.

This administration is supportive of the federal 988 law and wants to see 988 implemented well in Kansas. As a result, KDADS applied for and received funding to assist the state in planning for 988 implementations. That grant award will end in the coming weeks and KDADS has completed its planning process for 988 implementation. We have hired a 988 Coordinator that will start working on implementation of 988 in February. \$3M in state general funds have been disbursed to the three 988 contact centers in Kansas, (ComCare, Johnson County Mental Health Center, and Kansas Suicide Prevention Headquarters) and we are currently working to establish a statewide backup center through an existing contract with HealthSource Integrated Solutions.

Notice was recently received, and KDADS is in the process of completing the application for a federal ARPA grant for hiring workforce for 988 contact centers. Based on the formula, SAMHSA will award Kansas \$935,937 for the 2-year grant through a cooperative agreement. 85% of that grant funding will be required to pass through to 988 contact centers for workforce needs. Key performance indicators will be reported, with the primary goal being to reach a 90% in-state answer rate by June of 2022. KDADS has been successful in helping 988 Contact Centers increase their in-state answer rate from 60% in 2019 to 72% in 2020 and 80% in 2021. We feel confident about being able to reach 90% by June this year.

The final date for telecoms to implement the switch to 988 is in early July of 2022 or the beginning of FY23. Many of the leading telecoms have already enabled 988 for their customers, but the federal government will not begin promoting 988 to the public until this summer. KDADS expects there to be a significant increase in call volume to current the National Suicide Prevention Lifeline as indicated by national subject matter experts and SAMHSA. Continued and sustainable investment in 988 contact centers will be required to meet the need for this increase. The total projected cost for Year 1 of 988 implementation, according to Vibrant projections from April of 2021, is \$5,934,597. There is \$3 million gap between the Year 1 cost projection and the current budget allocation from KDADS, just for meeting the call volume increase.

Vibrant has offered five potential funding solutions for states to consider. Kansas' approach in our implementation plan to each of the suggestions are listed below:

1. Raising 988 related fees from telecommunication users
  - a. HB 2281 (depending on fee amount could raise up to \$17M for 988 integrated crisis care services)
2. Direct engagement with State legislative budget committees for 988-specific funding (\$6M SGF)
3. Partnerships with stakeholder groups who may have the ability to contribute to 988 resources (e.g. United Way/20211, private insurers, hospitals, philanthropic organizations)
  - a. KDADS, Comcare, and JCCMH are unable to fundraise as governmental entities. KSPHQ relies on donations and fundraising to operate at current levels.

KDADS recently published the new 2020-2025 State Suicide Prevention Plan. This plan highlights the need for state infrastructure development around suicide prevention to reduce suicide attempts & deaths in Kansas. One of the components that is needed is an integrated crisis care service delivery system that begins with calls to 988. Kansas passed legislation addressing several key pieces from the Mental Health Modernization & Reform recommendations, one of which is \$4 Million SGF for Mobile Crisis Response Services. These services will work with 988 to provide local teams that can respond to 988 callers in need of additional support. 988 and Mobile Crisis Response components are important to the future implementation of CCBHC's which are required to provide 24/7 crisis services to the public. Implementation of these services is underway and on schedule for May 1st, 2022 launch of CCBHCs. 988 is a vital component to the modernization effort and will have a significant impact on improving access to care, reducing hospitalizations and institutionalization of Kansas struggling with severe mental illness as well as those experiencing a behavioral health crisis.

KDADS and the Governor's Office is supportive of the work of the Interim Committee on Mental Health Modernization and Reform and creating a robust continuum of care, which is why we have been working to make progress on those goals and fund recommendations from the report. The federal act enabling 988 nationwide does not provide federal funding to states to support it but instead establishes the authority of states to assess 988 fees on telephone services to fund 988 programming. We take no specific position on the funding mechanism incorporated within the 988 bill and support the Legislative policy discussions in discerning how 988 should best be funded in Kansas and by Kansans. However the federal authority provided to Kansas over the use of 988 fee funds is included below, and the highlighted section includes the language authorizing states to use these funds for provision of acute mental health, crisis outreach and stabilization services in direct response to 988 calls.

**SEC. 4. <<NOTE: 47 USC 251a.>> STATE AUTHORITY OVER FEES.**

**(2) Use of 9-8-8 funds.--A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is expected to incur that are reasonably attributed to--**

**(A) ensuring the efficient and effective routing of calls made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and**

**(B) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9-8-8 national suicide**

**prevention and mental health crisis hotline.**

KDADS is making significant strides in improving support for community-based services for behavioral health. Further progress on modernization and reform is possible with the support of the Governor's Office and the Kansas Legislature working together to empower the agency to fulfill its mission in service to Kansans.

Thank you for allowing us to provide testimony on this important issue.